

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 07/27/2008		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 07/30/2008							
		FINANCIAL PAYER: NCDCMH							
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	
							FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	21	1633	DUPLICATE OF CLAIM-SYSTEM					
		8963	891	ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.	34	4370	6834	2464	
		8599	769	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404904	WESTERN HIGHLAN DS LME	8326	833	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE					
		8800	388	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1542	13515	11973	
		8534	228	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI					
3404910	PATHWAYS	8326	515	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE					
		8534	148	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI	14	889	4665	3776	
		8599	79	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404912	MENTAL HEALTH P ARTNERS	11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	52	1387	1335	
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404913	MECKLENBURG COM ENTAL HEALT	8800	429	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					
		79	97	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	915	4489	3574	
		8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404916	CROSSROADS BEHA VIOAL HEAL	8959	3	REFERRING PROVIDER NPI IS MISS ING. LEGACY REFERRING PROVIDER IS TYPICAL. PLEASE R					
		0	0		0	3	3	0	
3404917	CENTERPOINT HUM AN SERVICES	11	144	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		143	52	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	300	2576	2276	
		8800	34	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					
3404919	GUILFORD CO MEN TAL HEALTHC	79	300	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN					
		8800	121	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	687	3415	2728	
		21	105	DUPLICATE OF CLAIM-SYSTEM					

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3404920	ALAMANCE CASWEL L AREA MH D	8326	404	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		11	38	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	576	2580	2004
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8326	5348	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	6019	12552	6533
		0	142	ZERO EOB APPLIED				
3404922	THE DURHAM CENT ER	8326	2708	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	1110	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4156	14508	10352
		8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8326	2	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		0	0		0	2	2	0
3404925	SANDHILLS CENTE R FOR MH/DD	8800	187	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	413	3779	3366
		21	44	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	21	1202	DUPLICATE OF CLAIM-SYSTEM				
		8505	1037	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	4763	10724	5961
		79	331	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404927	CUMBERLAND CO M HC	8599	136	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	112	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	393	2561	2168
		8534	35	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404930	JOHNSTON COUNTY MNTL HLTHC	3102	481	THE TAXONOMY CODE FOR THE BILL ING PROVIDER IS MISSING				
		8326	129	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	3	843	3862	3019
		8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404931	WAKE CO HUM SVC BILLING OF	8536	161	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		79	92	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	15	487	5479	4992
		8326	77	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404933	SOUTHEASTERN CT R FOR MH/DD	21	80	DUPLICATE OF CLAIM-SYSTEM				
		8326	69	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	250	1241	991
		8536	49	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404934	ONSLow CARTERET BEHAV HEAL	8326	275	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8537	118	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	600	1915	1315
		8599	77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8326	7	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8000	1	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	13	239	226
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404939	EAST CAROLINA B EHAVIORAL H	8800	107	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		7001	90	EXCEEDS THE ONE PER DAY LIMITA TION	1	357	3332	2975
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	3411	82	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8326	47	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	5	208	762	554
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	79	57	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8952	30	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	0	126	2007	1881
		8621	15	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVI	23	9	SERVICE REQUIRES PRIOR APPROVA				
	ORAL HEALTH			L				
		0	0		0	9	9	0